**CENTRE FOR RESEARCH**

**DHANALAKSHMI SRINIVASAN UNIVERSITY**

**Samayapuram, Trichy – 621 112**

**JOINING REPORT**

Name in Block letters :

Registration No : Part Time/Full Time :

Month & Year of admission :

Date of Joining :

Ph.D. Programme :

Name of the Supervisor :

Department & School of the Supervisor :

Name of the Co-Supervisor (if applicable) :

Department & School/College/Institute of the Co-Supervisor :

Date of Provisional Registration Certificate :

No.of Courses Completed\* :

No.of Courses registered in this semester\* :

Fees payment Status : Payment completed (YES/NO)

(\**Only applicable to scholars in second and subsequent semesters*)

**DECLARATION**

Myself, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is joining/pursuing Ph.D. program at Dhanalakshmi Srinivasan University.

1. As a Full time Scholar, I state that I am not employed anywhere.#

As a Part time Scholar, I have submitted NOC from my employer.#

1. As a Part time Scholar, I am working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.#
2. As a Part time Scholar, I am still working in the same College/Institution/Industry as mentioned in my application form. The change of working place, if any, will be intimated immediately to the office of the Centre for Research. #

*(#Strike out whichever is not applicable)*

**Signature of the Scholar with Date**

Name in Capitals

**Supervisor Co-Supervisor HOD Dean (if applicable)**

For PT scholars (if research department is outside DSU)

**HOD Head of the Institution**